

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Acting Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS

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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax: (213) 386-1297

November 14, 2008

TO: Each Supervisor
FROM: *Robin Kay for*
Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **TERMINATION OF MENTAL HEALTH SERVICES AGREEMENT WITH
GEORGINA GUY, PSY.D.**

This is to advise your Board of the termination of the Mental Health Services Agreement – Medi-Cal Professional Services (No. MH26227) between Georgina Guy, Psy.D., and the County of Los Angeles – Department of Mental Health, effective immediately, pursuant to Paragraph 2B (1) of the Agreement, at the written request of the Office of the Medical Director dated September 12, 2008.

The Board approved the Agreement format identified on June 20, 2006, Agenda Item Number 53, in regards to the renewal of Mental Health Services Agreement – Medi-Cal Professional Services.

If you have any questions or concerns regarding this termination, please contact me, or your staff may contact Richard Kushi, Contracts Development and Administration Division, at (213) 738-4684.

MJS:RK:EM:sz

Attachment

c: Executive Officer, Board of Supervisors
Chief Executive Officer
County Counsel
Robin Kay, Ph.D.
Roderick Shaner, M.D.
Richard Kushi
Mike Motodani
Rosita Nacario

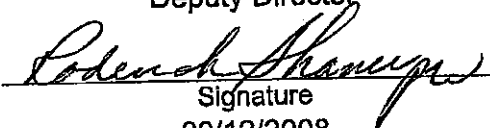
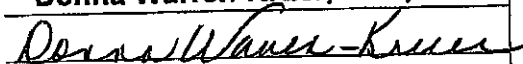
"To Enrich Lives Through Effective And Caring Service"

CONTRACTS DEVELOPMENT AND ADMINISTRATION DIVISION

SERVICE REQUEST FORM

To: Richard Kushi, Acting Chief

Date: SEPTEMBER 12, 2008

Approved by: Deputy Director  Signature Date: <u>09/12/2008</u>	Approved by: Office of the Finance Director Signature Date: _____
Lead Manager: <u>Donna Warren-Kruer, M.N., R.N.</u> Signature:  Tel. Number: <u>213-738-2466</u>	<input checked="" type="checkbox"/> No Budget Impact <input type="checkbox"/> B.A. Required

Contact Person: Donna Warren-Kruer, M.N., R.N. Tel No.: 213-738-2466

☐ New Contracts
 ☐ Amendment
 ☐ RFP
 ☐ RFI

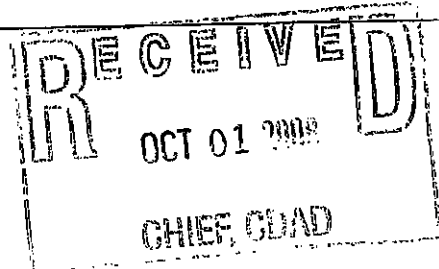
☒ OTHER: TERMINATIONS

I. Provider Name: _____ II. Provider No.: _____

III. DESCRIPTION OF PROJECT (Please attach necessary supporting documents which may include appropriate Negotiation Package Information.)

FFS PROVIDER—TRANSMITTAL SEPTEMBER 12, 2008

Georgina Guy, PsyD
Ellen Shirman, PsyD



IV. FUNDING SOURCES (Please attach necessary supporting documents, e. g. MH 403.) (Using the most current Financial Summary, identify the revised areas.)

Contract Administrator: _____

NOTE: PFARs do not require Finance approval, however, Program approval is required.

Stephen Zhou

From: Lakeesha Redd
Sent: Thursday, November 06, 2008 2:17 PM
To: Stephen Zhou
Subject: GEORGIA GUY

This is for the transmittal for September 12, 2009, per Vericare Georgia Guy is no longer with the company. The person I spoke to is Stephanie Orozco. Her email is sorozco@vericare.com if you have any further questions.

Thanks

LaKeesha Redd
Provider Credentialing Unit
213-738-2464
213-351-2495 (fax)
email: lradd@dmh.lacounty.gov

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